

Rev. 12/2018

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
GREENVILLE DIVISION**

IN RE:

**CAH ACQUISITION COMPANY #16, LLC d/b/a
HASKELL COUNTY COMMUNITY HOSPITAL**

DEBTOR

CHAPTER 11

CASE NO: 19-01227-5-JNC

☐ Check if this is an amended filing

**MONTHLY REPORT OF CORPORATE DEBTOR IN
POSSESSION/TRUSTEE**

DATE PETITION WAS FILED: March 17, 2019

REPORTING PERIOD COVERED: October 1, 2019-October 31, 2019

I declare under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge and belief:

DEBTOR:

Officer Name & Title: Thomas W. Waldrep, Jr., Trustee

Date: 12/11/19 

Signature: s/Thomas W. Waldrep, Jr.

I have read the information in this report and the information contained herein is true and correct to the best of my knowledge and belief:

ATTORNEY FOR THE DEBTOR:

Printed Name: Jason L. Hendren

Date: 12/11/19

Signature: s/Jason L. Hendren

PART A: BUSINESS OPERATIONS

I. Summary of Business Operations:

1.) Please summarize the Debtor's business activities for the month:

On March 18, 2019, the Court appointed Thomas W. Waldrep, Jr. as Chapter 11 Trustee. Since that time, the Trustee has been working with counsel to determine his options regarding reopening the hospital.

2.) Did the Debtor operate with a cash surplus or cash loss for the month? If the Debtor operated at a loss, please explain what affected profitability:

The Debtor operated with a cash surplus this month.

3.) Did the Debtor have any significant receipts or disbursements this month that were unusual or do not reoccur every month? For example, receipts would include insurance claim proceeds, tax refunds and funds from sale proceeds. Disbursements would include annual or quarterly insurance premiums, tax payments, large repairs, etc.:

(a) RECEIPTS –

None

(b) DISBURSEMENTS –

None

II. Summary of Chapter 11 Activities:

1.) Were any transactions this month outside of the ordinary course of business? For example, did the Debtor sell any property, receive a loan from a third party or make any large purchases? If yes, please describe:

None

2.) What steps has the Debtor taken toward reorganization or liquidation?

The Trustee hired various professionals in this cases including co-counsel, an accountant, a financial consultant and special counsel to deal with regulatory issues. The Trustee is continuing to evaluate his options regarding reorganization and liquidation. Further, the Trustee has employed Cohesive Management to operate the hospital. Also, the Trustee has filed a Plan and Disclosure Statement.

PART B: CERTIFICATIONS

- 1.) Is the Debtor current on all post-petition tax obligations? ☒ Yes ☐ No

If the Debtor checked **no**, please complete the chart below:

| Name of Taxing Authority | Amount Of Taxes Owed |
|---------------------------------|-----------------------------|
| | |
| | |
| | |
| | |
| | |

- 2.) Has the Debtor filed all necessary tax forms (e.g., 1040, 1120 and 941), coming due since the petition date? ☒ Yes ☐ No

If the Debtor checked **no**, please provide information regarding the tax forms that are currently unfilled:

- 3.) Is the Debtor current on all post-petition administrative expenses (excluding tax obligations)? ☒ Yes ☐ No

If the Debtor checked **no**, please complete the chart below:

| Name of Administrative Creditor | Amount Owed |
|--|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

- ☒

no

- 11

no

Name of Banking Institution

Last 4 Digits of Account

**Court Approval
(Y/N)**

US Bank3960NUS Bank8272N

First National of Stigler

7056N

Cohesive's Account

8706N

-

dy

Name of Unsecured Creditor

Amount Paid

- 7.) Did the Debtor deposit all sources of income into its DIP bank accounts this reporting period? ☐ Yes ☒ No

If the Debtor checked no, please detail where the estate funds were deposited, or (if not deposited), how the funds were disbursed:

The Debtor's income was deposited into US Bank #3960.

- 8.) Did the Debtor pay any professionals (e.g., attorney or accountant) without prior Court approval this reporting period? ☐ Yes ☒ No

If the Debtor checked yes, please complete the chart below:

| Name of Professional | Amount Paid |
|----------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |

- 9.) Did the Debtor sell or transfer any property outside of the ordinary course of business without prior Court approval during this reporting period? ☐ Yes ☒ No

If the Debtor checked yes, please provide additional information regarding the property that was sold or transferred:

- 10.) Did any person or entity pay any expenses or costs on behalf of the Debtor during this reporting period? ☒ Yes ☐ No

If the Debtor checked yes, please list all expenses paid on behalf of the Debtor, including the name of the person or entity who made the payments:

Yes, Cohesive Management paid the operating expenses of the Debtor. Cohesive's accounting is included in this report.

- 11.) Did the Debtor transfer any property to or for the benefit of an officer or insider of the Debtor, or a relative of an officer or insider of the Debtor during the reporting period (a transfer includes, but is not limited to, the payment of personal expenses, provision of non-court approved fringe benefits, purchase of items for a personal non-business purpose)? ☐ Yes ☒ No

If the Debtor checked yes, please list all expenses or costs the Debtor paid on behalf of any officer or insider of the Debtor, or on behalf of a relative of an officer or insider of the Debtor:

**PART C: SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Trustee's Account (Last 4 Digits: 5017)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 7,690.17
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 299,391.38
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 81,267.26
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 225,814.29

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 225,814.29
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 225,814.29

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 5017)

| RECEIPTS: | AMOUNT: |
|---|---|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ |
| Collection of pre-petition accounts receivable | \$ |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) 3960 _____ (b) 8706 _____ (c) _____ | (list amounts below): (a) \$ 34,136.96 _____ (b) \$ 265,254.42 _____ (c) _____ <div style="text-align: right;">Total = \$ 299,391.38</div> |
| Other forms of income/deposits (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Less allowance for returns and discounts | \$ |

➔ *TOTAL = \$ **299,391.38**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5017)**

| DISBURSEMENTS: | AMOUNT: |
|---|---|
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$ |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$ |
| Payroll Taxes | \$ |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$ |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$ |
| Utilities (Telephone, Electricity, Water, Other) | \$ |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): (a) <u>5526</u> (b) _____ (c) _____ | (list amounts below): (a) <u>\$ 79,680.19</u> (b) _____ (c) _____ Total = \$ 79,680.19 |
| Other (PROVIDE ATTACHMENT) | \$1,587.07 |

→ *TOTAL = **\$ 81,267.26**

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ US Bank Account (Last 4 Digits: 3960)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 455.22
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 39,864.05
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 35,929.87
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 4,389.40

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 4,389.40
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 4,389.40

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 3960)

| RECEIPTS: | AMOUNT: |
|--|--|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ 31,433.81 |
| Collection of pre-petition accounts receivable | \$ |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00 |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00 |
| Other forms of income/deposits (list sources below): (a) Lockbox Deposits _____ (b) US Treasury _____ (c) _____ | (list amounts below): (a) \$ 7,870.01 _____ (b) \$ 560.23 _____ (c) _____ Total = \$ 8,430.24 |
| Less allowance for returns and discounts | \$ |

→ *TOTAL = **\$ 39,864.05**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 3960)**

| DISBURSEMENTS: | AMOUNT: |
|---|---|
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$ |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$ |
| Payroll Taxes | \$ |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$ |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$ |
| Utilities (Telephone, Electricity, Water, Other) | \$ |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): (a) <u>5017</u> (b) _____ (c) _____ | (list amounts below): (a) <u>\$ 34,136.96</u> (b) _____ (c) _____ Total = \$ 34,136.96 |
| Other (PROVIDE ATTACHMENT) | \$1,792.91 |

→ *TOTAL = **\$ 35,929.87**

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Pre-Petition Account (Last 4 Digits: 8272)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ _____
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ _____
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ _____
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ _____

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ _____
6. PLUS UNCLEARED DEPOSITS \$ **0.00** _____
7. LESS UNCLEARED CHECKS \$ **0.00** _____
8. ENDING RECONCILED BALANCE: *\$ _____

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 8272)

| RECEIPTS: | AMOUNT: |
|---|--|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ |
| Collection of pre-petition accounts receivable | \$ |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Other forms of income/deposits (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Less allowance for returns and discounts | \$ |

➔ *TOTAL = **\$ 0.00**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2DESCRIPTION/ITEMIZATION OF **DISBURSEMENTS** (Last 4 Digits of Acct # **8272**)

| DISBURSEMENTS: | AMOUNT: |
|---|---|
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$ |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$ |
| Payroll Taxes | \$ |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$ |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$ |
| Utilities (Telephone, Electricity, Water, Other) | \$ |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): <div style="margin-left: 40px;"> (a) _____ (b) _____ (c) _____ </div> | (list amounts below): <div style="margin-left: 40px;"> (a) _____ (b) _____ (c) _____ Total = \$ 0.00 </div> |
| Other (PROVIDE ATTACHMENT) | \$ |

➔ *TOTAL = **\$ 0.00**

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ FNB Stigler Account (Last 4 Digits: 7056)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 430.14
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 309.79
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 5.76
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 734.17

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 734.17
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 0.00
8. ENDING RECONCILED BALANCE: *\$ 734.17

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 7056)

| RECEIPTS: | AMOUNT: |
|---|---|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ |
| Collection of pre-petition accounts receivable | \$ |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Other forms of income/deposits (list sources below): (a) Vendor reimbursement _____ (b) _____ (c) _____ | (list amounts below): (a) \$ 309.79 _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 309.79</div> |
| Less allowance for returns and discounts | \$ |

➔ *TOTAL = **\$ 309.79**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 7056)**

| DISBURSEMENTS: | AMOUNT: |
|--|-----------------------|
| | |
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$ |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$ |
| Payroll Taxes | \$ |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$ |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$ |
| Utilities (Telephone, Electricity, Water, Other) | \$ |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): | (list amounts below): |
| (a) _____ | (a) _____ |
| (b) _____ | (b) _____ |
| (c) _____ | (c) _____ |
| | Total = \$0.00 |
| Other (PROVIDE ATTACHMENT) | \$5.76 |

→ *TOTAL = **\$5.76**

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☐ Payroll Account (Last 4 Digits: _____)
☒ Cohesive Account (Last 4 Digits: 8706)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 11,592.79
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 329,379.95
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 326,742.57
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 14,230.17

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 14,230.17
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ _____
8. ENDING RECONCILED BALANCE: *\$ 14,230.17

*If item #4 differs from Item #8, please explain:

EXHIBIT 1

DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 8706)

| RECEIPTS: | AMOUNT: |
|---|--|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ 329,266.31 |
| Collection of pre-petition accounts receivable | \$ 113.64 |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Other forms of income/deposits (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ <div style="text-align: right;">Total = \$ 0.00</div> |
| Less allowance for returns and discounts | \$ |

➔ *TOTAL = **\$ 329,379.95**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2**DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 8706)**

| DISBURSEMENTS: | AMOUNT: |
|---|---|
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$ |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$ |
| Payroll Taxes | \$ |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$ |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$ |
| Utilities (Telephone, Electricity, Water, Other) | \$ |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): (a) <u>5526</u> (b) <u>5017</u> (c) _____ | (list amounts below): (a) <u>\$ 61,448.15</u> (b) <u>\$ 265,294.42</u> (c) _____ Total = \$ 326,742.57 |
| Other (PROVIDE ATTACHMENT) | \$ |

→ *TOTAL = **\$ 326,742.57**

*Total equals item #3 (Total Cash Disbursements) on Part C.

**SUMMARY OF CASH RECEIPTS
AND DISBURSEMENTS**

NATURE/TYPE OF ACCOUNT: ☐ Operating Account (Last 4 Digits: _____)
☐ Tax Account (Last 4 Digits: _____)
☒ Payroll Account (Last 4 Digits: 5526)
☐ Cash Collateral Account (Last 4 Digits: _____)

AMOUNT:

1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT: \$ 46,018.32
2. TOTAL RECEIPTS/TRANSFERS/UNCLEARED: \$ 141,639.88
[On following page- ***EXHIBIT 1***
- provide a description of the source and amount]
3. TOTAL DISBURSEMENTS/TRANSFERS/UNCLEARED: \$ 110,133.55
[On following page- ***EXHIBIT 2***
- provide a description of the disbursements]
4. ENDING RECONCILED BALANCE: \$ 77,524.65

SUMMARY OF BANK ACCOUNT INFORMATION

5. ENDING BANK BALANCE: \$ 80,423.81
6. PLUS UNCLEARED DEPOSITS \$ 0.00
7. LESS UNCLEARED CHECKS \$ 2,899.16
8. ENDING RECONCILED BALANCE: *\$ 77,524.65

*If item #4 differs from Item #8, please explain:

EXHIBIT 1**DESCRIPTION/ITEMIZATION OF RECEIPTS (Last 4 Digits of Acct # 5526)**

| RECEIPTS: | AMOUNT: |
|---|--|
| | |
| Sales | \$ |
| Rental Income | \$ |
| Collection of post-petition accounts receivable | \$ |
| Collection of pre-petition accounts receivable | \$ |
| Borrowing by Debtor (list sources below): (a) _____ (b) _____ (c) _____ | (list amounts below): (a) _____ (b) _____ (c) _____ Total = \$ 0.00 |
| Transfers from other accounts (list last 4 digits of account numbers below): (a) 8706 _____ (b) 5017 _____ (c) _____ | (list amounts below): (a) \$ 61,428.15 _____ (b) \$ 79,680.19 _____ (c) _____ Total = \$ 141,108.34 |
| Other forms of income/deposits (list sources below): (a) Cohesive _____ (b) _____ (c) _____ | (list amounts below): (a) \$ 531.54 _____ (b) _____ (c) _____ Total = \$ 531.54 |
| Less allowance for returns and discounts | \$ |

➔ *TOTAL = **\$ 141,639.88**

*Total equals item #2 (Total Cash Receipts) on Part C.

Click to add another account

EXHIBIT 2

DESCRIPTION/ITEMIZATION OF DISBURSEMENTS (Last 4 Digits of Acct # 5526)

| DISBURSEMENTS: | AMOUNT: |
|--|------------------------|
| | |
| Payments to Secured Creditors | \$ |
| Purchases of Inventory | \$ |
| Net Payroll (excluding officer compensation) | \$62,104.60 |
| Officer Compensation | \$ |
| Subcontractors and Contract Workers | \$6,532.79 |
| Payroll Taxes | \$5,534.58 |
| Sales Tax | \$ |
| Property Taxes | \$ |
| Supplies and Materials | \$19,619.94 |
| Real Property Lease Payments | \$ |
| Vehicle & Equipment Lease Payments | \$3,100.08 |
| Utilities (Telephone, Electricity, Water, Other) | \$12,403.56 |
| Travel and Entertainment | \$ |
| Meal and Food Costs | \$ |
| Transportation Costs (e.g., fuel, tolls, parking) | \$ |
| Vehicle Maintenance and Repairs Costs | \$ |
| Equipment Repair Costs | \$ |
| Real Property Repairs and Maintenance Costs | \$ |
| Vehicle Insurance Premiums | \$ |
| Life and Health Insurance Premiums | \$ |
| Real Property Insurance Premiums | \$ |
| Other Insurance Premiums | \$ |
| Office Supplies | \$ |
| Freight and Shipping Costs | \$ |
| Advertising and Marketing | \$ |
| Professional Fees (e.g., Attorney, Accountant) | \$ |
| Quarterly Fees | \$ |
| Transfers to other accounts (list last 4 digits of account numbers below): | (list amounts below): |
| (a) _____ | (a) _____ |
| (b) _____ | (b) _____ |
| (c) _____ | (c) _____ |
| | Total = \$ 0.00 |
| Other (PROVIDE ATTACHMENT) | \$ 838.00 |

➔ ***TOTAL = \$ 110,133.55**

***Total equals item #3 (Total Cash Disbursements) on Part C.**

Other Expenses CAH 16

Account 5017:

KC Telco: \$594.87

Transfer to CAH 7 Acct #5082: IT Cost to Square up Transfer: \$597.92

Transfer to CAH 12 Acct #5033: IT Cost to Square up Transfer: \$394.28

Account 3960:

Analysis Service Charge: \$1,792.91

Account 7056:

Service Charge: \$5.76

Account 5526:

Bank Fees: \$107

US Department of Justice: \$731

PART D: SUMMARY OF ACCOUNT RECEIVABLES

| | <u>AMOUNT:</u> |
|---|-----------------------|
| 1. Beginning Balance | \$ <u>748,559.64</u> |
| 2. Sales on Account | \$ <u>316,086.32</u> |
| 3. Collections on Account | \$ <u>149,290.11</u> |
| 4. Ending Balance [Item #1 plus #2 minus #3] | \$ <u>915,355.85</u> |

STATUS OF COLLECTIONS:

| | <u>AMOUNT:</u> |
|--------------------|-----------------------|
| Current to 30 days | \$ _____ |
| 31 to 60 days | \$ _____ |
| 61 to 90 days | \$ _____ |
| 91 to 120 days | \$ _____ |
| 121 days and older | \$ _____ |
| TOTAL: | \$ _____ |

PART E: SUMMARY OF ACCOUNTS PAYABLE

[EXCLUDING PRE-PETITION ACCOUNTS PAYABLE]

| | <u>AMOUNT:</u> |
|--------------------|--------------------------|
| Current to 30 days | \$ <u>2,486.77</u> |
| 31 to 60 days | \$ <u>5,274.72</u> |
| 61 to 90 days | \$ <u>6,578.60</u> |
| 91 to 120 days | \$ <u>296,382.67</u> |
| 121 days and older | \$ <u>408,953.06</u> |
| TOTAL: | \$ <u>719,675.82</u> |

If there are payables outstanding greater than 60 days, please provide an explanation:

| |
|--------------------------------|
| Click to add Secured Creditors |
|--------------------------------|

PART F: STATUS OF PAYMENTS TO SECURED CREDITORS

Instructions: List all secured creditors and collateral descriptions, regardless if payments are made

☐ Check if this form is not applicable to the Debtor

| | |
|--|--|
| Creditor Name: | First Financial Corporate Leasing |
| Description of Collateral: | Blanket Lien |
| Amount Paid this Month: | \$ 0.00 |
| Payment Pursuant to Bankruptcy Court Order? | |
| Creditor Name: | HMC/CAH Note Acquisition, LLC |
| Description of Collateral: | Blanket Lien on Accounts |
| Amount Paid this Month: | \$ 0.00 |
| Payment Pursuant to Bankruptcy Court Order? | |
| Creditor Name: | GEL Funding, LLC |
| Description of Collateral: | Blanket Lien |
| Amount Paid this Month: | \$ 0.00 |
| Payment Pursuant to Bankruptcy Court Order? | |
| Creditor Name: | Forum Financial Services |
| Description of Collateral: | AmRad 500m generator, radiographic table, tube support, xray tube, collimator and exposure control |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |

[Click to add Secured Creditors](#)

STATUS OF PAYMENTS TO SECURED CREDITORS

| | |
|--|--|
| Creditor Name: | |
| Description of Collateral: | |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |
| | |
| Creditor Name: | |
| Description of Collateral: | |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |
| | |
| Creditor Name: | |
| Description of Collateral: | |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |
| | |
| Creditor Name: | |
| Description of Collateral: | |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |
| | |
| Creditor Name: | |
| Description of Collateral: | |
| Amount Paid this Month: | |
| Payment Pursuant to Bankruptcy Court Order? | |
| | |

Click to add Lessors

PART G: STATUS OF PAYMENTS TO LESSORS

Instructions: List all lessors and description of leased property, regardless if payments are made

☐ Check if this form is not applicable to the Debtor

| | |
|--|--|
| Lessor Name: | Haskell County-City of Stigler Hospital Authority |
| Description of Leased Property: | 401 NW H Street, Stigler, OK 74462 |
| Amount Paid this Month: | |
| Is Lease Current? | |
| Lessor Name: | HERC |
| Description of Leased Property: | CT |
| Amount Paid this Month: | |
| Is Lease Current? | |
| Lessor Name: | HERC |
| Description of Leased Property: | Ultrasound |
| Amount Paid this Month: | |
| Is Lease Current? | |
| Lessor Name: | Canon |
| Description of Leased Property: | Copier |
| Amount Paid this Month: | |
| Is Lease Current? | |

Click to add Lessors

STATUS OF PAYMENTS TO LESSORS

| | |
|--|--|
| Lessor Name: | Commercial Medical |
| Description of Leased Property: | Telemetry Equipment |
| Amount Paid this Month: | \$ 2,200.00 |
| Is Lease Current? | |
| | |
| Lessor Name: | Chemical Systems |
| Description of Leased Property: | Dishwashers |
| Amount Paid this Month: | |
| Is Lease Current? | |
| | |
| Lessor Name: | Matheson |
| Description of Leased Property: | Oxygen tank and telemetry equipment |
| Amount Paid this Month: | \$ 900.08 |
| Is Lease Current? | |
| | |
| Lessor Name: | CME |
| Description of Leased Property: | Equipment lease |
| Amount Paid this Month: | |
| Is Lease Current? | |
| | |
| Lessor Name: | USmed Equipment |
| Description of Leased Property: | Ventilator and Bipap Machine |
| Amount Paid this Month: | |
| Is Lease Current? | |
| | |

**PART H: SUMMARY OF OFFICER/OWNER
COMPENSATION, PROPERTY SALES AND
PROFESSIONAL FEE PAYMENTS**

1.) REPORT ALL COMPENSATION PAID TO ANY OFFICER OR OWNER THIS MONTH:

☒ Check if no officer compensation was paid this month

| Name of Officer/Owner of the Debtor | Monthly Compensation Authorized by the Court | Compensation Received this Month |
|-------------------------------------|--|----------------------------------|
| | | |
| | | |
| | | |
| | | |

2.) PROPERTY SALE REPORT:

☒ Check if the Debtor did not sell any property this month

| Description of Property Sold | Date Property Sold | Gross Sale Proceeds | Net Sale Proceeds Paid to Debtor |
|------------------------------|--------------------|---------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

3.) REPORT OF ALL PAYMENTS MADE TO PROFESSIONALS THIS MONTH:

☒ Check if the Debtor did not pay any professionals this month

| Name of Professional | Date Compensation Approved | Compensation Authorized by the Court | Compensation Received this Month |
|----------------------|----------------------------|--------------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| Total Disbursements for the Quarter | Amount of Fee Due |
|---|--|
| \$0 to \$14,999.00 | \$325.00 |
| \$15,000.00 to \$74,999.99 | \$650.00 |
| \$75,000.00 to \$149,999.99 | \$975.00 |
| \$150,000.00 to \$224,999.99 | \$1,625.00 |
| \$225,000.00 to \$299,999.99 | \$1,950.00 |
| \$300,000.00 to \$999,999.99 | \$4,875.00 |
| Total disbursements are equal to or greater than \$1,000,000.00 | 1% of total disbursements or \$250,000.00, whichever is less |